



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E408876**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-00696
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	CITY #
DATE OF COLLISION	03	-	17	-	2015			0844	31				OF	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
20 ST SE	BLOCK NO. <input checked="" type="checkbox"/>	9800
	MILE POST <input type="checkbox"/>	

DISTANCE	OF (REFERENCE OR CROSS STREET)

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 4252187845
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LAST NAME	EISNER	FIRST NAME	ANDREW	MIDDLE INITIAL	C
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STREET NEW ADDRESS	15803 OK MILL RD
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CITY	SNOHOMISH	ST	WA	ZIP	982907731
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CDL	RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	EISNEAC350CJ	STATE	WA	SEX	M	D.O.B. MMDDYYYY	02	-	11	-	1965
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	716YBT	STATE	WA	VIN#	5NMSG13D98H195911
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2008	MAKE	HYUN	MODEL	SANTA	STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. ANDREW EISNER 15803 OK MILL RD SNOHOMISH WA 98290

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	COAST NATIONAL INS CO G00659974302
VEHICLE LEGALLY STOPPING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 4253275316
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LAST NAME	TURAY	FIRST NAME	STEFANIE	MIDDLE INITIAL	L
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STREET NEW ADDRESS	11920 22ND ST SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982587317
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CDL	RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	TURAYSL329P1	STATE	WA	SEX	F	D.O.B. MMDDYYYY	10	-	21	-	1968
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES
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BACK AND NECK PAIN

LICENSE PLATE #	ABB3851	STATE	WA	VIN#	5TDJK3EH9AS034581
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2010	MAKE	TOYT	MODEL	HIG4D	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. STEFANIE TURAY 11920 22ND ST SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	AMERIPRISE AI01433950
VEHICLE LEGALLY STOPPING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	N. ADAMS #127	BADGE OR ID #	127	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E408876**

CASE # **15-00696**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

On 3/17/15 at about 0845 hours (all times approximate), I was dispatched to a collision at 20th St SE near SR9 in the city of Lake Stevens.

Vehicle 1 (LIC: 716YBT) was traveling westbound on 20th St SE. Vehicle 2 (LIC: ABB3851) had stopped in lane two for traffic in the 9800 block of 20th St SE. It should be noted lane one was coned off for road construction crew, which was working at the time of the collision.

The driver of Vehicle 1 claimed he collided into the rear end of Vehicle 2 when he failed to observe Vehicle 2 had stopped for traffic.

Driver of Vehicle 1 did not complain of any injuries or pain. Driver of Vehicle 2 declined aid but said her back and neck were in pain and that she would go to the Everett Clinic to be seen.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

N. ADAMS #127

03-17-15 09:36 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

SGT. C. VALVICK 71

3/18/2015 5:26:26 PM

BADGE OR ID #	127	ORI #	WA0311900	TIME POLICE DISPATCHED	8:45 AM	TIME POLICE ARRIVED	8:49 AM
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NOT TO SCALE

9800 block of 20th St SE

Active road construction lane (coned off)



Center turn lane for driveways

ADDITIONAL NARRATIVE

AGENCY NAME LAKE STEVENS POLICE DEPARTMENT	INCIDENT CLASSIFICATION Collision	INCIDENT NUMBER 15-00696
NAME OF VICTIM(S) Turay, Stefanie L.		

I took digital photographs of damaged vehicles involved, which were later printed and added to the case report and copied to a compact disk and booked into evidence as item #NA1.

LSPD
ORIGINAL

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

OFFICER NAME / NUMBER N. ADAMS #127 <i>N. Adams #127</i>	APPROVED BY <i>NA1</i>
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Case # 15-00696

LAKE STEVENS POLICE EVIDENCE UNIT				Primary Officer/Badge Number <i>Adams #127</i>				Case Number <i>15-00696</i>			
Type of Crime: <u>Felony / Misdemeanor (Circle)</u>				Type of Case: <i>Collision</i>				Date/Time: <i>03/17/15 1203</i>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING				*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfgk will be held for 60 days or 60 days past owner notification							

Item # <i>NA1</i>	Item <i>CD with pics</i>	Brand Name <i>Compressor</i>				Storage Location	Disposition					
	Brand/Model/Caliber <i>(Further Description)</i>											
	Serial #	Where Found	Weight of Narcotic									
Action # <i>3</i>												
Owner's Name <i>LSPD</i>						Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>#127</i>												

Item #	Item	Brand Name				Storage Location	Disposition					
	Brand/Model/Caliber <i>(Further Description)</i>											
	Serial #	Where Found	Weight of Narcotic									
Action #												
Owner's Name						Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions												

Item #	Item	Brand Name				Storage Location	Disposition					
	Brand/Model/Caliber <i>(Further Description)</i>											
	Serial #	Where Found	Weight of Narcotic									
Action #												
Owner's Name						Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions												

Item #	Item	Brand Name				Storage Location	Disposition					
	Brand/Model/Caliber <i>(Further Description)</i>											
	Serial #	Where Found	Weight of Narcotic									
Action #												
Owner's Name						Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions												

Item #	Item	Brand Name				Storage Location	Disposition					
	Brand/Model/Caliber <i>(Further Description)</i>											
	Serial #	Where Found	Weight of Narcotic									
Action #												
Owner's Name						Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions												

Evidence Control Use Only:											
Received by Evidence:				NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked		ROUTING:			
Name: _____ # _____				NCIC/WACIC +	Date:	Owner Letter Sent:		White: Property Room			
Date: _____ Time: _____				NCIC/WACIC -	Date:	Owner Letter Sent:		Yellow: Case File			



LSPD
ORIGINAL

Incident History for: #SS15005171

Case Numbers: \$SS15000696

Entered 03/17/15 08:44:45 BY SPCT06 SP0403

Dispatched 03/17/15 08:45:17 BY SPDP17 SP0166

Enroute 03/17/15 08:45:17

Onscene 03/17/15 08:49:22

Closed 03/17/15 09:07:16

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-3 Group: SS1 Beat: SOUT

Src: T

Loc: 20 ST SE/SR 9 SE, LKS (V)

Loc Info: CONSTRUCTION AREA ON 20TH

Name: TURAY, STEPHANIE

Addr:

Phone: 4253275316

/0844 (SP0403) ENTRY , CC, 2010 TOYOTA HIGHLANDER L: ABB3851 VS DARK BLU
E SANTA FE L: 716YBT AID DECLINED
/0845 (SP0166) DISPER 19D1 #SS105 IRWIN, OFFICER (DENNIS)
/0845 (***** REMINQ 19D1 ABB3851
/0845 (SP0166) REMINQ 19D1 LIC, 19D1, ABB3851, , ,
/0845 (***** REMINQ 19D1 716YBT
/0845 (SP0166) REMINQ 19D1 LIC, 19D1, 716YBT, , ,
/0845 ASSTER 19D2 #SS127 ADAMS, OFFICER (NATHAN)
/0845 ASSTER 19D3 #SS130 RUTHERFORD, OFCR (RICH)
/0845 CLEAR 19D1
/0846 (SS127) REMINQ 19D2 MDTVEH, TURAYSL3, , WA, , , , , , , , , , ,
/0847 (SP0166) MISC , ACC/WACIC DW. TURAY, STEFANIE L. 19681021.
/0847 MISC , ACC/WACIC DW. EISNER, KELLY J. 19660722.
/0848 MISC , ACC/WACIC DW. EISNER, ANDREW C. 19650211.
/0849 ONSCNE 19D2 [PKLOT CHURCH]
/0851 CLEAR 19D3
/0854 (SS127) REMINQ 19D2 MDTWANT, , , , , , WA, EISNEKJ344M2, , , , , , , , , , ,
/0855 *ASNCAS 19D2 \$SS15000696
/0907 (SP0166) CLEAR 19D2 D/H
/0907 CLOSE 19D2

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ORIGINAL